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					Note: A certificate of mailing can only be used for domestic mailings of the		
27510 5/27/2010			pa	Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.			
KILPATRICK STOCKTON LLP				Certificate of Mailing or Transmission			
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						(Depositor's name)	
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						(Date)	
APPLICATION NO.	FILING DATE		IED INVENTOR	R	ATTORNEY DOCKET NO.		
10/526,967	09/19/2005	FIEDL	ER, Dirk A.		62367-393372	7967	
TITLE OF INVENTION: ZINC AIR BATTERY							
APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE		TOTAL FEE(S) DUE	DATE DUE	
Non-Provisional	no	\$1,510.00	\$300.00		\$1,810.00	08/27/2010	
EXAMINER		ART UNIT	CLASS-SUI	UBCLASS			
CREPEAU, Jonathan		1795	1795 429-122000				
1. Change of correspond Address" (37 CFR 1.363 Change of correspondence "Fee Address" in form PTO/SB/47 Use of a Custom 3. ASSIGNEE NAME A	(1) the na attorneys of (22) attached. ss" Indication ent) attached. ent) attached. (1) the na attorneys of (2) the nam a registered up to 2 reginame is list	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. NTED ON THE PATENT (print or type)					
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)							
Cochlear Limited Lane Cove, Australia							
Please check the appropriate assignee category or categories (will not be printed on the patent): Individual X Corporation or other private group entity Government							
4a. The following fee(s) are enclosed: 4b. Payment of Fee(s):							
				amount of the fee(s) is enclosed.			
x Publication Fee (No small entity discount permitted) x Payment by credit card. Form PTO-2038 is attached.							
Advance Order -# of Copies The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 11-0855							
5. Change in Entity Status (from status indicated above)							
a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).							
NOTE: The Issue Fee and I	Publication Fee (if require				viously paid issue fee to the appl nt; a registered attorney or agent	ication identified above. ; or the assignee or other party in	
Authorized Signature /Mich		/Michael G. Verga/	hael G. Verga/		DateA	ugust 26, 2010	
Typed or printed nan	Michael G. Verga			Registration No.	39,410		